

Fundamental Baptist Fellowship Association
Walter L. Banks Memorial Scholarship
Application

Personal Data:

Name: _____ Sex: M ___ F ___

Home Address: _____
Street/P.O. Box/Apt. No.

City State Zip Code

College Address: _____
Street/P.O. Box/Apt. No.

City State Zip Code

Phone Numbers: _____
Permanent Residence College Residence

Date of Birth: _____ Social Security # _____

Birth Place: _____ Marital Status: Married ___ Single ___

Spouse's name if married _____

List names and ages of all dependent children _____

Citizenship: U.S. Citizen Yes ___ No ___ Other Country _____

Church Membership @ _____
Church City State Zip Code

College you will attend _____
School City State Zip Code

Next Option _____
School City State Zip Code

Intended Major & Minor _____

Parent/Guardian Information: (To be completed if you are living with parent/guardian or if you are dependent on them for support)

Father's Name _____ Mother's Name _____

Address if different than above _____

List names and ages of all who depend on your parent/guardian for support _____

Educational Background: List all colleges you have attended. List most recent first.

College #1 _____
Name City State Zip Code

Years Attended _____ Degree Granted _____ Year _____

Major _____ Minor _____

College #2 _____
Name City State Zip Code
Years Attended _____ Degree Granted _____ Year _____
Major _____ Minor _____

Other Training _____
Institution City State Zip Code
Years Attended _____ Degree Granted _____ Year _____

High School _____
Name City State Zip Code
Graduation Date _____

Employment Background: (List most recent employer first.)

Employer #1 _____
Name City State Zip Code
Job Title _____ Dates _____

Employer #2 _____
Name City State Zip Code
Job Title _____ Dates _____

Christian Service Experiences:

Briefly describe two or three of the most meaningful opportunities that you have had to serve the Lord within your local church.

Extra-Curricular Activities:

List clubs or organizations, offices held and dates of participation.

Family Financial Information: Further verification may be necessary.

If applicant is a dependent, the information provided must be that of the parent/guardian and must be the total for the household. List basic financial information as shown on the most current Federal Income Tax Return.

Adjusted Gross Family Income \$ _____ Tax Year _____
Is this amount higher or lower than the average of the previous 3 years? _____

Estimated Monthly Family Income \$ _____
Estimated Monthly Family Expenses \$ _____

Estimated Family Assets \$ _____ (A)
 Estimated Family Liabilities \$ _____ (L)
 Estimated Family's Net Worth \$ _____ (A-L)

Are other family members currently enrolled in college? If so, list:

Approximate College Expenses per Semester: (Do not include personal expenses)

\$ _____ Tuition
 \$ _____ Room & Board
 \$ _____ Fees
 \$ _____ Books
 \$ _____ Other
 \$ _____ **TOTAL**

Covering the Cost:

Committed sources of funds to help cover cost of applicant's college expenses: (Do not include this award.)

\$ _____ Parents
 \$ _____ Applicant's Income
 \$ _____ Scholarship Awards
 \$ _____ Grants
 \$ _____ Loans
 \$ _____ Other
 \$ _____ **TOTAL**

Have you made plans for work during the upcoming semester? _____
 If so, where? _____ How many hours per week? _____

Additional Information:

Provide any other details or information of importance that may affect your financial situation during the next twelve (12) months.

References:

Please provide information on the three people whom you will ask to provide letters of reference.

Pastor	Address	Yrs. Known
City	State	Zip Code
Professor	Address	Yrs. Known
City	State	Zip Code

Third Reference Name	Relationship	Address	Yrs. Known
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City	State	Zip Code
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Personal Testimony:

Please include salvation experience, comments on personal goals and life's ambition(s) and any other information that will help the Scholarship Committee to know you better. Remember that you are asking someone, who does not know you or may never have seen you, to make an award decision that may impact your ability to attend school.

Personal Testimony Continued:

Validity of Information:

All information provided is correct, to the best of my knowledge, and any information may be verified at the discretion of the Scholarship Committee.

I have received and read a copy of the Guidelines for the Walter L. Banks Memorial Scholarship. I understand all the information regarding the standards and criteria for applying for a scholarship and I am willing to abide by these provisions.

Applicant: _____
Print

Signature Date

Parent/Guardian: _____ (for dependent applicants)
Print

Signature Date

Return Completed Application Promptly To:

FBFA Scholarship Committee
c/o Mrs. Alice I. Gainer
1810 Kessler Blvd. West Drive
Indianapolis, IN 46228-1817
(317) 255-1284